ADAMS COUNTY MEMORIAL - NURSING ADDITION

P.O. BOX 40, 402 WEST LAKE

FRIENDSHIP 53934 Ownership: Phone: (608) 339-3331 Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Number of Beds Set Up and Staffed (12/31/02): Title 18 (Medicare) Certified? Total Licensed Bed Capacity (12/31/02): 18 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: Average Daily Census:

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)	ଚ					
Home Health Care	No	   Primary Diagnosis	%	   Age Groups	 %	Less Than 1 Year	27.8	
Supp. Home Care-Personal Care	No					1 - 4 Years	44.4	
Supp. Home Care-Household Services	No	Developmental Disabilities	5.6	Under 65	5.6	More Than 4 Years	27.8	
Day Services	No	Mental Illness (Org./Psy)	22.2	65 - 74	16.7			
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	27.8		100.0	
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	38.9	* * * * * * * * * * * * * * * * * * *	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	11.1	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Resident		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	16.7	65 & Over	94.4			
Transportation	No	Cerebrovascular	50.0			RNs	10.8	
Referral Service	No	Diabetes	0.0	Sex	%	LPNs	14.4	
Other Services	No	Respiratory	0.0			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	5.6	Male	22.2	Aides, & Orderlies	40.5	
Mentally Ill	No			Female	77.8			
Provide Day Programming for			100.0					
Developmentally Disabled	No			1	100.0			
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## Method of Reimbursement

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Level of Care	No.	୍ଚ	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	્	Per Diem (\$)	No.	્ર	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	15	93.8	114	0	0.0	0	2	100.0	125	0	0.0	0	0	0.0	0	17	94.4
Intermediate				1	6.3	95	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	5.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		16	100.0		0	0.0		2	100.0		0	0.0		0	0.0		18	100.0

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\* Total ercent Admissions from: | Activities of % Assistance of % Totally Number
Private Home/No Home Health 0.0 | Daily Living (ADL) Independent One Or Two Staff Dependent Reside
Private Home/With Home Health 16.7 | Bathing 5.6 27.8 66.7 18
Other Nursing Homes 33.3 | Dressing 16.7 16.7 66.7 18
Acute Care Hospitals 33.3 | Transferring 0.0 38.9 61.1 18
Psych. Hosp.-MR/DD Facilities 0.0 | Toilet Use 5.6 33.3 61.1 18
Rehabilitation Hospitals 0.0 | Eating 77.8 5.6 16.7 18 Percent Admissions from: Number of Residents Other Locations Total Number of Admissions

Fercent Discharges To:

Private Home/No Home Health
Occ/Freq. Incontinent of Bladder
Other Nursing Homes
Acute Care Hospitals

Psych. Hosp.-MR/DD Facilities
Occ/Freq. Incontinent
Occ/Freq. Incontinent of Bowl
Occ/Freq. Rehabilitation Hospitals 0.0 | 0.0 | Skin Care Other Locations Other Resident Characteristics 11.1 Have Advan
0.0 Medications 100.0 | With Pressure Sores Deaths Have Advance Directives 61.1 Total Number of Discharges | With Rashes (Including Deaths) Receiving Psychoactive Drugs 22.2

	This	Other	Hospital-	All		
	Facility	Based F	acilities	Fac	ilties	
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	100.0	87.4	1.14	85.1	1.17	
Current Residents from In-County	88.9	84.3	1.05	76.6	1.16	
Admissions from In-County, Still Residing	83.3	15.2	5.49	20.3	4.10	
Admissions/Average Daily Census	33.3	213.3	0.16	133.4	0.25	
Discharges/Average Daily Census	33.3	214.2	0.16	135.3	0.25	
Discharges To Private Residence/Average Daily Census	0.0	112.9	0.00	56.6	0.00	
Residents Receiving Skilled Care	94.4	91.1	1.04	86.3	1.09	
Residents Aged 65 and Older	94.4	91.8	1.03	87.7	1.08	
Title 19 (Medicaid) Funded Residents	88.9	65.1	1.37	67.5	1.32	
Private Pay Funded Residents	11.1	22.6	0.49	21.0	0.53	
Developmentally Disabled Residents	5.6	1.5	3.82	7.1	0.78	
Mentally Ill Residents	22.2	31.3	0.71	33.3	0.67	
General Medical Service Residents	5.6	21.8	0.26	20.5	0.27	
<pre>Impaired ADL (Mean) *</pre>	68.9	48.9	1.41	49.3	1.40	
Psychological Problems	22.2	51.6	0.43	54.0	0.41	
Nursing Care Required (Mean)*	6.3	7.4	0.84	7.2	0.87	